

AIR SHOW SUPPORT TEAM PERSONNEL REGISTRATION

NAME (Last, First, MI)			<input type="checkbox"/> SENIOR MEMBER <input type="checkbox"/> CADET	
RANK	CAPID	UNIT NAME		CHARTER NUMBER
COMPLETE HOME ADDRESS (City, State, Zip)			TELEPHONE NUMBER(S)(AREA CODE)	
UNIT COMMANDER'S NAME			RANK	TELEPHONE
PREVIOUS AIR SHOW EXPERIENCE				
<u>YEAR</u>		<u>POSITION/DUTIES</u>		
_____		_____		
_____		_____		
_____		_____		
_____		_____		
QUALIFICATIONS				
RADIO OPERATOR'S AUTHORIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO CURRENT FIRST AID CARD <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIBE ANY GENUINE SPECIAL NEEDS (DIET, ACCOMMODATIONS, ETC.)				
REGISTRATION COMPLETION CHECKLIST				
<input type="checkbox"/> I HAVE ATTACHED MY COMPLETED GROUP VII FORM 8a, INFORMATION AND PERMISSION				
<input type="checkbox"/> I HAVE ATTACHED MY REGISTRATION FEE				
CHECK ONLY ONE OF THE FOLLOWING STATEMENTS				
<input type="checkbox"/> I WILL SERVE AS A SENIOR OR CADET TEAM MEMBER, OR AS A SENIOR CHAPERONE				
<input type="checkbox"/> I HAVE ATTACHED MY COMPLETED GROUP VII FORM 8b, STAFF APPLICATION				
I CERTIFY THAT THE PRECEDING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I RECOGNIZE THAT THE AIR SHOW SUPPORT TEAM IS A DUTY ACTIVITY AND THAT ALL TEAM MEMBERS ARE EXPECTED TO WORK.				
APPLICANT'S SIGNATURE/DATE _____			UNIT COMMANDER'S SIGNATURE/DATE _____	
FOR OFFICE USE				
DATE RECEIVED: _____ FEE RECEIVED: _____			<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> RETURNED FOR COMPLETION	